# UNITED STATES PATENT & TRADEMARK OFFICE
## Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | |
|---|---|---|---|---|
| **1** Date of Request: _____ | | **2** Serial/Patent # | | |

| **3** Please refund the following fee(s): | **4** PAPER NUMBER | **5** DATE FILED | **6** AMOUNT | |
|---|---|---|---|---|
| Filing | | | $ | |
| Amendment | | | $ | |
| Extension of Time | | | $ | |
| Notice of Appeal/Appeal | | | $ | |
| Petition | | | $ | |
| Issue | | | $ | |
| Cert of Correction/Terminal Disc. | | | $ | |
| Maintenance | | | $ | |
| Assignment | | | $ | |
| Other | | | $ | |

| | **7** TOTAL AMOUNT OF REFUND | $ |
|---|---|---|

**8** TO BE REFUNDED BY:

Treasury Check

**10** REASON:

| | Overpayment |
|---|---|
| | Duplicate Payment |
| | No Fee Due (Explanation): |

**9** Credit Deposit A/C #:

| | | -- | | | |
|---|---|---|---|---|---|

**11** REFUND REQUESTED BY: _____

TYPED/PRINTED NAME: _____

TITLE: _____

Adjustment Date: 03/01/2005  FRIDWELL
03/23/2005 AIRAH1  00000090 141270  10527854

SIGNATURE: _____

PHONE: _____

OFFICE: _____   500.00 CR

*******************************************************************************

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____   DATE: _____

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance**
**Refund Branch**
**Crystal Park One, Room 802B**

FORM PTO 1577
(01/90)